

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER TRY AMENDMENT		AFTER BRD AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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4						
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39	1					
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42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50						
TOTAL IND.	3					
TOTAL DEP.		16				
TOTAL CLAIMS	19					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						